



Department of Taxation

P.O. Box 530
Columbus, OH 43216-0530

License number assigned

MF 204
Rev. 3/00

Application for License as a Motor Fuel Exporter Type A or B

Pursuant to Ohio Revised Code section (R.C.) 5735.026, I/we hereby apply for a license as a motor fuel exporter Type A or B. For sole owner, print individual's name, address, owner's SSN and FEIN of the business. For a partnership, print full name, address and SSN of all partners and the partnership's FEIN. For an LLC or LLP, print the full name, address and SSN of all members. For a corporation, print the corporate name, corporation charter number issued by the Secretary of State authorizing business in Ohio and the corporation's FEIN. Use a separate piece of paper if necessary.

Under penalties of prosecution, no person shall make a false or fraudulent statement on this application.

1. Name of applicant _____

(If you are a corporation, DO NOT use your name, use the corporation name.)

FEIN _____ SSN _____ Telephone _____

Fax _____ E-mail _____

2. Trade name if other than above _____

3. Check whether applicant operates as: Sole owner Partnership Corporation LLC LLP
 Association Other (list) _____

4. If a corporation, date of qualification _____

List name, address and SSN of all corporate officers and directors

5. If a corporation, state name and address of statutory agent

6. If partnership, list name, address and SSN of all partners. If LLC or LLP, list name, address and SSN of all members.

7. Business address (P.O. boxes not acceptable)

8. Mailing address (if other than that shown on line 7)

9. Is your company owned or controlled by any other person or corporation? Yes No If yes, give name, address and FEIN or SSN or the other person/corporation.

10. List the state or provinces to which you will export motor fuel. **(Any future deletion or addition of states/provinces in which you will export must be immediately reported in writing to the Motor Fuel Compliance Unit.)**

11. **Type of license requested (check one)**

_____ **TYPE A** – In order to be licensed as an exporter Type A, applicant must be licensed to collect and remit taxes directly to the state taxing authority where the fuel is destined. You must attach a copy of your license or certificate to collect and remit motor fuel taxes or sell or distribute motor fuel in the specified destination state or states for which this license is to be issued.)

_____ **TYPE B** – In order to be licensed as an exporter Type B, applicant must certify in the space following that the applicant is statutorily prohibited from obtaining a license to collect and remit motor fuel taxes in the specified state of destination, and that the person is licensed to sell or distribute tax-paid motor fuel in the specified state of destination. If the requirements outlined for a “Type B” license are true, please sign immediately following:

I certify that I/we meet the requirements outlined for a Type B exporter license.

Authorized signature

Title

Date

12. Do you maintain accurate and detailed records of all motor fuel receipts and disbursements? Yes No
If yes, how long are records kept? _____

13. Have you, any partner, member or a corporation in which you or any other partner or member had greater than 5% interest ever had an exporter’s license revoked by any state, federal government or province? Yes No
If yes, provide the state, etc., the reason for revocation and the date or revocation.

14. What is the estimated monthly gallonage you intend to export? _____

It is understood that upon approval of this application, the applicant will comply with all of the laws/requirements as applicable under Ohio Revised Code Chapter 5735. Failure to comply with applicable law could result in revocation of license, assessment of tax and penalties, and possible criminal prosecution.

Signature of dealer or officer of company

Title

Date

Sworn to before me and in my presence subscribed this _____ day of _____ 20 _____ .

Notary public

Return completed application to the Ohio Department of Taxation, Motor Fuel Tax Refund Unit, P.O. Box 530, Columbus, OH 43216-0530. Retain copy for your files. Direct any questions to (614) 466-3503 or fax (614) 752-8644.